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APPLICANT John Kev		, Ocala, FL;								
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** FOREIGN A	PPLICA	TIONS *****	******	******	*					
** IF REQUIRE 01/23/200		EIGN FILING	LICENS	E GRA	ANTED ** ** SMA	LL ENTITY **				
Foreign Priority claims 35 USC 119(a-d) cons	ditions met		Met at	fter ance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS		
Verified and Acknowledged	STEVEN N Examiner's	/ MARSH/ Signature	Initials		FL	15	36	5		
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TITLE										
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	☐ All Fees									
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					□ 1.16 F	☐ 1.16 Fees (Filing)			
						UT 1.17 F	☐ 1.17 Fees (Processing Ext. of time)			
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